Patient: _____ DOB: _____ Date: _____ MRN: _____

First in Primary Care Broadway MEDICAL CLINIC

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING _____+_____+_____+_____

=Total Score: _____

If you checked off problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

| Not difficult at all | Somewhat difficult | Very Difficult | Extremely difficult |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

Patient: _____ DOB: _____ Date: _____ MRN: _____

First in Primary Care

MEDICAL CLINIC

## Generalized Anxiety Disorder Scale (GAD-7)

| Over the last 2 weeks, how often have you been bothered by the following problems? | Not at all sure | Several days | Over half the days | Nearly every day |
|---|---|---|---|---|
| 1. Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it's hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |
| *Add the score for each column* | | | | |
| Total Score *(add your column scores)* = | + | + | + | |

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

____ Not difficult at all
____ Somewhat difficult
____ Very difficult
____ Extremely difficult

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Inern Med.* 2006;166:1092-1097.

# Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

**Instructions:** Check (☑) the answer that best applies to you.
Please answer each question as best you can.

| | Yes | No |
|---|---|---|
| 1. Has there ever been a period of time when you were not your usual self and... | | |
| ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? | ◯ | ◯ |
| ...you were so irritable that you shouted at people or started fights or arguments? | ◯ | ◯ |
| ...you felt much more self-confident than usual? | ◯ | ◯ |
| ...you got much less sleep than usual and found you didn't really miss it? | ◯ | ◯ |
| ...you were much more talkative or spoke faster than usual? | ◯ | ◯ |
| ...thoughts raced through your head or you couldn't slow your mind down? | ◯ | ◯ |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | ◯ | ◯ |
| ...you had much more energy than usual? | ◯ | ◯ |
| ...you were much more active or did many more things than usual? | ◯ | ◯ |
| ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? | ◯ | ◯ |
| ...you were much more interested in sex than usual? | ◯ | ◯ |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | ◯ | ◯ |
| ...spending money got you or your family in trouble? | ◯ | ◯ |
| 2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? *Please check 1 response only.* | ◯ | ◯ |
| 3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? *Please check 1 response only.* ◯ No problem ◯ Minor problem ◯ Moderate problem ◯ Serious problem | | |
| 4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder? | ◯ | ◯ |
| 5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? | ◯ | ◯ |

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry.* 2000;157:1873-1875.

# Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

| Patient Name | | Today's Date | |
|---|---|---|---|

| Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment. | Never | Rarely | Sometimes | Often | Very Often |
|---|---|---|---|---|---|
| 1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? | | | | | |
| 2. How often do you have difficulty getting things in order when you have to do a task that requires organization? | | | | | |
| 3. How often do you have problems remembering appointments or obligations? | | | | | |
| 4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? | | | | | |
| 5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? | | | | | |
| 6. How often do you feel overly active and compelled to do things, like you were driven by a motor? | | | | | |
| Part A | | | | | |
| 7. How often do you make careless mistakes when you have to work on a boring or difficult project? | | | | | |
| 8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work? | | | | | |
| 9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? | | | | | |
| 10. How often do you misplace or have difficulty finding things at home or at work? | | | | | |
| 11. How often are you distracted by activity or noise around you? | | | | | |
| 12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated? | | | | | |
| 13. How often do you feel restless or fidgety? | | | | | |
| 14. How often do you have difficulty unwinding and relaxing when you have time to yourself? | | | | | |
| 15. How often do you find yourself talking too much when you are in social situations? | | | | | |
| 16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves? | | | | | |
| 17. How often do you have difficulty waiting your turn in situations when turn taking is required? | | | | | |
| 18. How often do you interrupt others when they are busy? | | | | | |
| Part B | | | | | |

## Wender Utah Rating Scale for the Attention Deficit Hyperactivity Disorder

Name: _____ Gender: _____ Date: _____

For each of the 61 items, check the box that best describes your behavior:

| | **As a child I was (or had):** | Not at all or very slightly | Mildly | Moder-ately | Quite a bit | Very much |
|---|---|---|---|---|---|---|
| 1 | Active, restless, always on the go | 0 | 1 | 2 | 3 | 4 |
| 2 | Afraid of things | 0 | 1 | 2 | 3 | 4 |
| 3 | Concentration problems, easily distracted | 0 | 1 | 2 | 3 | 4 |
| 4 | Anxious, worrying | 0 | 1 | 2 | 3 | 4 |
| 5 | Nervous, fidgety | 0 | 1 | 2 | 3 | 4 |
| 6 | Inattentive, daydreaming | 0 | 1 | 2 | 3 | 4 |
| 7 | Hot- or short-tempered, low boiling point | 0 | 1 | 2 | 3 | 4 |
| 8 | Shy, sensitive | 0 | 1 | 2 | 3 | 4 |
| 9 | Temper outbursts, tantrums | 0 | 1 | 2 | 3 | 4 |
| 10 | Trouble with stick-to-it-tiveness, not following through. Failing to finish things started | 0 | 1 | 2 | 3 | 4 |
| 11 | Stubborn, strong-willed | 0 | 1 | 2 | 3 | 4 |
| 12 | Sad or blue, depressed, unhappy | 0 | 1 | 2 | 3 | 4 |
| 13 | Incautious, dare-devilish, involved in pranks | 0 | 1 | 2 | 3 | 4 |
| 14 | Not getting a kick out of things, dissatisfied with life | 0 | 1 | 2 | 3 | 4 |
| 15 | Disobedient with parents, rebellious, sassy | 0 | 1 | 2 | 3 | 4 |
| 16 | Low opinion of myself | 0 | 1 | 2 | 3 | 4 |
| 17 | Irritable | 0 | 1 | 2 | 3 | 4 |
| 18 | Outgoing, friendly, enjoyed company of people | 0 | 1 | 2 | 3 | 4 |
| 19 | Sloppy, disorganized | 0 | 1 | 2 | 3 | 4 |
| 20 | Moody, ups and downs | 0 | 1 | 2 | 3 | 4 |
| 21 | Angry | 0 | 1 | 2 | 3 | 4 |
| 22 | Friends, popular | 0 | 1 | 2 | 3 | 4 |
| 23 | Well-organized, tidy, neat | 0 | 1 | 2 | 3 | 4 |
| 24 | Acting without thinking, impulsive | 0 | 1 | 2 | 3 | 4 |
| 25 | Tendency to be immature | 0 | 1 | 2 | 3 | 4 |
| 26 | Guilty feelings, regretful | 0 | 1 | 2 | 3 | 4 |
| 27 | Losing control of myself | 0 | 1 | 2 | 3 | 4 |
| 28 | Tendency to be or act irrational | 0 | 1 | 2 | 3 | 4 |
| 29 | Unpopular with other children, didn't keep friends for long, didn't get along with other children | 0 | 1 | 2 | 3 | 4 |
| 30 | Poorly coordinated, did not participate in sports | 0 | 1 | 2 | 3 | 4 |
| 31 | Afraid of losing control of self | 0 | 1 | 2 | 3 | 4 |
| 32 | Well-coordinated, picked first in games | 0 | 1 | 2 | 3 | 4 |
| 33 | Tomboyish (for women only) | 0 | 1 | 2 | 3 | 4 |
| 34 | Running away from home | 0 | 1 | 2 | 3 | 4 |
| 35 | Getting into fights | 0 | 1 | 2 | 3 | 4 |
| 36 | Teasing other children | 0 | 1 | 2 | 3 | 4 |
| 37 | Leader, bossy | 0 | 1 | 2 | 3 | 4 |
| 38 | Difficulty getting awake | 0 | 1 | 2 | 3 | 4 |

Ward MF, Wender PH, Reimherr FW. The Wender Utah Rating Scale: An aid in the retrospective diagnosis of childhood Attention Deficit Hyperactivity Disorder. Am J Psychiatry. 1993; 150: 885-890.

| | | | | | | |
|---|---|---|---|---|---|---|
| 39 | Follower, led around too much | 0 | 1 | 2 | 3 | 4 |
| 40 | Trouble seeing things from someone else's point of view | 0 | 1 | 2 | 3 | 4 |
| 41 | Trouble with authorities, trouble with school, visits to principal's office | 0 | 1 | 2 | 3 | 4 |
| 42 | Trouble with police, booked convicted | 0 | 1 | 2 | 3 | 4 |

| | **Medical problems as a child** | Not at all or very slightly | Mildly | Moder-ately | Quite a bit | Very much |
|---|---|---|---|---|---|---|
| 43 | Headaches | 0 | 1 | 2 | 3 | 4 |
| 44 | Stomachaches | 0 | 1 | 2 | 3 | 4 |
| 45 | Constipation | 0 | 1 | 2 | 3 | 4 |
| 46 | Diarrhea | 0 | 1 | 2 | 3 | 4 |
| 47 | Food allergies | 0 | 1 | 2 | 3 | 4 |
| 48 | Other allergies | 0 | 1 | 2 | 3 | 4 |
| 49 | Bedwetting | 0 | 1 | 2 | 3 | 4 |

| | **As a child in school I was (or had)** | Not at all or very slightly | Mildly | Moder-ately | Quite a bit | Very much |
|---|---|---|---|---|---|---|
| 50 | Overall a good student, fast | 0 | 1 | 2 | 3 | 4 |
| 51 | Overall a poor student, slow learner | 0 | 1 | 2 | 3 | 4 |
| 52 | Slow in learning to read | 0 | 1 | 2 | 3 | 4 |
| 53 | Slow reader | 0 | 1 | 2 | 3 | 4 |
| 54 | Trouble reversing letters | 0 | 1 | 2 | 3 | 4 |
| 55 | Problems with spelling | 0 | 1 | 2 | 3 | 4 |
| 56 | Trouble with mathematics or numbers | 0 | 1 | 2 | 3 | 4 |
| 57 | Bad handwriting | 0 | 1 | 2 | 3 | 4 |
| 58 | Able to read pretty well but never really enjoyed reading | 0 | 1 | 2 | 3 | 4 |
| 59 | Not achieving up to potential | 0 | 1 | 2 | 3 | 4 |
| 60 | Repeating grades | 0 | 1 | 2 | 3 | 4 |
| 61 | Suspended or expelled | 0 | 1 | 2 | 3 | 4 |

Ward MF, Wender PH, Reimherr FW. The Wender Utah Rating Scale: An aid in the retrospective diagnosis of childhood Attention Deficit Hyperactivity Disorder. Am J Psychiatry. 1993; 150: 885-890.

## Questions Associated with ADHD

- 25 of the questions were associated with ADHD as follows:

| | |
|---|---|
| | **As a child I was (or had):** |
| 3 | Concentration problems, easily distracted |
| 4 | Anxious, worrying |
| 5 | Nervous, fidgety |
| 6 | Inattentive, daydreaming |
| 7 | Hot- or short-tempered, low boiling point |
| 9 | Temper outbursts, tantrums |
| 10 | Trouble with stick-to-it-tiveness, not following through. Failing to finish things started |
| 11 | Stubborn, strong-willed |
| 12 | Sad or blue, depressed, unhappy |
| 15 | Disobedient with parents, rebellious, sassy |
| 16 | Low opinion of myself |
| 17 | Irritable |
| 20 | Moody, ups and downs |
| 21 | Angry |
| 24 | Acting without thinking, impulsive |
| 25 | Tendency to be immature |
| 26 | Guilty feelings, regretful |
| 27 | Losing control of myself |
| 28 | Tendency to be or act irrational |
| 29 | Unpopular with other children, didn't keep friends for long, didn't get along with other children |
| 40 | Trouble seeing things from someone else's point of view |
| 41 | Trouble with authorities, trouble with school, visits to principal's office |
| | **As a child in school I was (or had)** |
| 51 | Overall a poor student, slow learner |
| 56 | Trouble with mathematics or numbers |
| 59 | Not achieving up to potential |

**Interpretation:**

- 61 questions answered by the adult patient recalling his or her childhood behavior
- 5 possible responses scored from 0 to 4 points

- Wender Utah rating scale score = _____
- Maximum score 100
- If a cutoff score of 46 was used, 86% of patients with ADHD, 99% of normal persons, and 81% of depressed subjects were correctly classified.

- Wender Utah rating scale subscore = _____(sum of 25 questions associated with ADHD)
- Minimum score for the 25 questions is 0

Ward MF, Wender PH, Reimherr FW. The Wender Utah Rating Scale: An aid in the retrospective diagnosis of childhood Attention Deficit Hyperactivity Disorder. Am J Psychiatry. 1993; 150: 885-890.

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Patient name: _____

Date of birth: _____

# Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

| | | | | | |
|---|---|---|---|---|---|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times a month | 2 - 3 times a week | 4 or more times a week |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0 - 2 | 3 or 4 | 5 or 6 | 7 - 9 | 10 or more |
| 3. How often do you have five or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 5. How often during the last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 8. How often during the last year have you been unable to remember what happened the night before because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 9. Have you or someone else been injured because of your drinking? | No | | Yes, but not in the last year | | Yes, in the last year |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, in the last year |
| | 0 | 1 | 2 | 3 | 4 |

Have you ever been in treatment for an alcohol problem? ◯ Never ◯ Currently ◯ In the past

I II III IV

0-3 4-9 10-13 14+

Patient: _____ DOB: _____ Date: _____ MRN: _____

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# AUTHORIZATION TO USE / DISCLOSE HEALTH INFORMATION

I authorize: _____
*(Name of physician/entity disclosing information)* (Street address)

to use and disclose a copy of the specific health information described below regarding:

_____ _____ _____
*(Name of Patient/Child)* *(Date of Birth)* *(Phone Number)*

consisting of: _____
*(Describe information to be used/disclosed)*

to: _____
*(Name and address of recipient or recipients)*

at the following email address: _____ fax number: _____

for the purpose of: _____
*(Describe each purpose of disclosure.)*

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed if I place my **initials** in the applicable space next to the type of information.

_____ HIV/AIDS information
_____ Drug/alcohol diagnosis, treatment, or referral information
_____ Mental health information
_____ Genetic testing information

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, and treatment or referral information.
You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure. Your refusal to sign this authorization does not adversely affect your enrollment in a health plan or eligibility for health benefits, unless the authorized information is necessary to determine if you are eligible to enroll in the health plan.
You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any use or disclosure already made with your permission cannot be undone.
To revoke this authorization, please send a written statement to _____ *(contact person)* at _____ *(physician/entity disclosing information)* and state that you are revoking the authorization.

***I have read this Authorization and I understand it. Unless revoked, this authorization expires _____ (insert applicable date or event) or 180 days.***

By: _____ Date: _____

Please indicate: ☐ Patient or ☐ Individual/Personal representative (Name: _____)

Description of Representative's Authority: _____